

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

PATENT APPLICATION

In re: PATENT APPLICATION of:

Inventor(s): Ronald Pasqualini.

Appln. No.: 09/ 164,216

Series Code ↑ Serial No. ↑

Group Art Unit 2811

Examiner: O. Nadav

Atty. Dkt. 072219-0274869 P03921-C2

M# Client Ref

Filed: September 30, 1998

Title: ESD Protection Circuit Utilizing Floating Lateral Clamp Diodes

R C E

**DO NOT USE FOR PROVISIONAL, DIVISIONAL, CIP OR DESIGN APPLICATIONS, OR REEXAMINATION OF PATENTS**

#26

2-2-02  
Payton

Box RCE

Commissioner of Patents

Washington, D.C. 20231

Express Mail Number EL754037475US

Date:

January 16, 2002

Sir:

**REQUEST FOR CONTINUED EXAMINATION (RCE) UNDER RULE 114**

Please continue the examination of this application.

**PREREQUISITES**

This application was filed on/after June 8, 1995, is not abandoned, and no court action has been filed, or if filed, it has been terminated.

An issue fee has not been paid (unless a petition under Rule 313(c)(2) is also being filed -- see item 4 below).

Prosecution has been closed as defined in Rule 114(b).

Reply to any outstanding action and Rule 17(e) filing fee must be enclosed

This application is entitled under Rule 114 to withdrawal of any outstanding finality or of any allowance plus a new action by the Examiner. Consideration on the merits of each submission (e.g., IDS, Amendment, new arguments, new evidence, but not appeal/reply briefs themselves) filed herewith is respectfully requested.

Please consider the following before the next Official Action:

1. Please ☒ enter ☐ do not enter the Amendment filed
2. ☒ The enclosed Amendment to Office Action dated October 18, 2001
3. ☐ Consider the arguments in the appeal brief filed and reply brief filed
4. ☐ The issue fee has been paid, but this RCE is based on Rule 313(c)(2). See enclosed petition.
5. ☒ The enclosed ☐ IDS Letter ☒ Non-Publish Request ☐ Foreign Search Report/OA  
☐ PTO-1449 ☐ Cited Documents
6. ☐ Please suspend action under Rule 103(c) for a period of months (3 mos. Max) for which the required \$130 fee is enclosed
7. The required RCE filing fee of \$740.00 is attached.

01/23/2002 SSESHE1 00000059 09164216

01 FC:179

740.00 OP

(Our Deposit Account No. 03-3975)

(Our Order No. 072219 / 0274869 )

C#

M#

**CHARGE STATEMENT:** The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

Correspondence Address Below

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By Atty:

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|   |                            |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
|---|----------------------------|--|--|--------------------|------------|-------------|--------------------|----------------------|-------------------|---------------|----------|----------------|------|-----------------------|----------------------------|
|  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2002</h3> <p style="font-size: small; margin: 0;">Fees are subject to annual revision.</p> <p style="margin: 0;">Express Mail Number <u>EL75403747545</u></p> |                            | <p style="margin: 0;"><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/164,216</td> </tr> <tr> <td>Filing Date</td> <td>September 30, 1998</td> </tr> <tr> <td>First Named Inventor</td> <td>Ronald Pasqualini</td> </tr> <tr> <td>Examiner Name</td> <td>O. Nadav</td> </tr> <tr> <td>Group Art Unit</td> <td>2811</td> </tr> <tr> <td>Attorney Document No.</td> <td>072219-0274869 (P03921-C2)</td> </tr> </table> |  | Application Number | 09/164,216 | Filing Date | September 30, 1998 | First Named Inventor | Ronald Pasqualini | Examiner Name | O. Nadav | Group Art Unit | 2811 | Attorney Document No. | 072219-0274869 (P03921-C2) |
| Application Number  | 09/164,216                 |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
| Filing Date   | September 30, 1998         |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
| First Named Inventor  | Ronald Pasqualini          |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
| Examiner Name   | O. Nadav                   |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
| Group Art Unit  | 2811                       |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
| Attorney Document No.   | 072219-0274869 (P03921-C2) |  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |
| TOTAL AMOUNT OF PAYMENT   |                            | \$740  |  |                    |            |             |                    |                      |                   |               |          |                |      |                       |                            |

| <p style="margin: 0;"><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p style="text-align: center; margin: 5px 0;">03-3975</p> <p style="text-align: center; margin: 0 0;">PILLSBURY WINTHROP LLP</p> <p style="margin: 5px 0;">Deposit Account Number &amp; Deposit Account Name</p> <p><input checked="" type="checkbox"/> Charge any additional fees required under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   |              |                |          | <p style="margin: 0;"><b>FEE CALCULATION (continued)</b></p> <p>3. Additional Fees</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2520</td> <td>139</td> <td>2520</td> <td>Filing a request for re-examination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Req. publ. of SIR prior to Ex. Action</td> <td></td> </tr> <tr> <td>113</td> <td>1840*</td> <td>113</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within 1<sup>st</sup> mo.</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within 2<sup>nd</sup> mo.</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within 3<sup>rd</sup> mo.</td> <td></td> </tr> <tr> <td>118</td> <td>1390</td> <td>218</td> <td>695</td> <td>Extension for reply within 4<sup>th</sup> mo.</td> <td></td> </tr> <tr> <td>128</td> <td>1890</td> <td>228</td> <td>945</td> <td>Extension for reply with 5<sup>th</sup> mo.</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1510</td> <td>138</td> <td>1510</td> <td>Pet to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>130</td> <td>123</td> <td>50</td> <td>Petition related to provisional apps.</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of IDS Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (x no. of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rej.</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each add'l. invention to be examined ( 37 C.F.R. § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>355</td> <td>Request for Continued Exam. (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Req. for expedited exam. of a design app.</td> <td>740</td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3)</td> <td>\$740</td> </tr> </tbody> </table> |              |              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105     | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127    | 50 | 227 | 25  | Surcharge - late provisional filing fee |     | 139   | 130 | 139 | 130 | Non-English specification |     | 147     | 2520 | 139 | 2520 | Filing a request for re-examination |    | 112         | 920* | 112                 | 920* | Req. publ. of SIR prior to Ex. Action |  | 113 | 1840* | 113          | 1840*        | Requesting publication of SIR after Examiner action |          | 115        | 110 | 215  | 55     | Extension for reply within 1 <sup>st</sup> mo. |     | 116  | 390    | 216           | 195 | Extension for reply within 2 <sup>nd</sup> mo. |        | 117          | 890 | 217          | 445 | Extension for reply within 3 <sup>rd</sup> mo. |          | 118      | 1390     | 218      | 695      | Extension for reply within 4 <sup>th</sup> mo. |    | 128 | 1890 | 228                   | 945 | Extension for reply with 5 <sup>th</sup> mo. |    | 119 | 310 | 219                               | 155 | Notice of Appeal |     | 120 | 310 | 220                                   | 155 | Filing a brief in support of an appeal |    | 121 | 270 | 221   | 135 | Request for oral hearing |    | 138 | 1510 | 138  | 1510 | Pet to institute a public use proceeding |  | 140 | 110 | 240 | 55  | Petition to revive - unavoidable   |  | 141 | 1240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 50 | Petition related to provisional apps. |  | 126 | 180 | 126 | 180 | Submission of IDS Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (x no. of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rej. |  | 149 | 710 | 249 | 355 | For each add'l. invention to be examined ( 37 C.F.R. § 1.129(b)) |  | 179 | 740 | 279 | 355 | Request for Continued Exam. (RCE) |  | 169 | 900 | 169 | 900 | Req. for expedited exam. of a design app. | 740 | *Reduced by Basic Filing Fee Paid |  |  |  |  | SUBTOTAL (3) | \$740 |
|--|--------------|----------------|----------|---|--------------|--------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|---------|-----|-----|-----|-------------------------------------|-----|--------|----|-----|-----|---|-----|-------|-----|-----|-----|---------------------------|-----|---------|------|-----|------|-------------------------------------|----|-------------|------|---------------------|------|---------------------------------------|--|-----|-------|--------------|--------------|---|----------|------------|-----|------|--------|--|-----|------|--------|---------------|-----|--|--------|--------------|-----|--------------|-----|--|----------|----------|----------|----------|----------|--|----|-----|------|-----------------------|-----|--|----|-----|-----|-----------------------------------|-----|------------------|-----|-----|-----|---------------------------------------|-----|--|----|-----|-----|---|-----|--------------------------|----|-----|------|--|------|--|--|-----|-----|-----|-----|--|--|-----|------|-----|-----|------------------------------------|--|-----|------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|----|---------------------------------------|--|-----|-----|-----|-----|-----------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--------------------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---|-----|-----------------------------------|--|--|--|--|--------------|-------|
| Large Entity   |              | Small Entity   |          | Fee Description   | Fee Paid     |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 105  | 130          | 205            | 65       | Surcharge - late filing fee or oath   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 127  | 50           | 227            | 25       | Surcharge - late provisional filing fee   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 139  | 130          | 139            | 130      | Non-English specification   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 147  | 2520         | 139            | 2520     | Filing a request for re-examination   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 112  | 920*         | 112            | 920*     | Req. publ. of SIR prior to Ex. Action   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 113  | 1840*        | 113            | 1840*    | Requesting publication of SIR after Examiner action   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 115  | 110          | 215            | 55       | Extension for reply within 1 <sup>st</sup> mo.  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 116  | 390          | 216            | 195      | Extension for reply within 2 <sup>nd</sup> mo.  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 117  | 890          | 217            | 445      | Extension for reply within 3 <sup>rd</sup> mo.  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 118  | 1390         | 218            | 695      | Extension for reply within 4 <sup>th</sup> mo.  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 128  | 1890         | 228            | 945      | Extension for reply with 5 <sup>th</sup> mo.  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 119  | 310          | 219            | 155      | Notice of Appeal  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 120  | 310          | 220            | 155      | Filing a brief in support of an appeal  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 121  | 270          | 221            | 135      | Request for oral hearing  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 138  | 1510         | 138            | 1510     | Pet to institute a public use proceeding  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 140  | 110          | 240            | 55       | Petition to revive - unavoidable  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 141  | 1240         | 241            | 620      | Petition to revive - unintentional  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 142  | 1240         | 242            | 620      | Utility issue fee (or reissue)  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 143  | 440          | 243            | 220      | Design issue fee  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 144  | 600          | 244            | 300      | Plant issue fee   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 122  | 130          | 122            | 130      | Petitions to the Commissioner   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 123  | 130          | 123            | 50       | Petition related to provisional apps.   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 126  | 180          | 126            | 180      | Submission of IDS Statement   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 581  | 40           | 581            | 40       | Recording each patent assignment per property (x no. of properties)   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 146  | 710          | 246            | 355      | Filing a submission after final rej.  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 149  | 710          | 249            | 355      | For each add'l. invention to be examined ( 37 C.F.R. § 1.129(b))  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 179  | 740          | 279            | 355      | Request for Continued Exam. (RCE)   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 169  | 900          | 169            | 900      | Req. for expedited exam. of a design app.   | 740          |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| *Reduced by Basic Filing Fee Paid  |              |                |          |   | SUBTOTAL (3) | \$740        |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| <p style="margin: 0;"><b>FEE CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">LARGE ENTITY</th> <th colspan="2">SMALL ENTITY</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility</td> <td></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>0</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>15 - 20 **</td> <td>= 0</td> <td>x 18</td> <td>= \$ 0</td> </tr> <tr> <td>Independent 1 - 3</td> <td>= 0</td> <td>x 80</td> <td>= \$ 0</td> </tr> <tr> <td>Multiple Dep.</td> <td></td> <td>*</td> <td>= \$ *</td> </tr> </tbody> </table> <p style="font-size: x-small;">** or number previously paid, if greater; for Reissues, see below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claim in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue ind. claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>\$0</td> </tr> </tbody> </table> |              |                |          | LARGE ENTITY  |              | SMALL ENTITY |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 101      | 710      | 201      | 355      | Utility |     | 106 | 320 | 206                                 | 160 | Design |    | 107 | 490 | 207                                     | 245 | Plant |     | 108 | 710 | 208                       | 355 | Reissue |      | 114 | 150  | 214                                 | 75 | Provisional |      | <b>SUBTOTAL (1)</b> |      |                                       |  |     | 0     | Total Claims | Extra Claims | Fee from below                                      | Fee Paid | 15 - 20 ** | = 0 | x 18 | = \$ 0 | Independent 1 - 3                              | = 0 | x 80 | = \$ 0 | Multiple Dep. |     | *  | = \$ * | Large Entity |     | Small Entity |     | Fee Description                                | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103  | 18 | 203 | 9    | Claim in excess of 20 |     | 102  | 80 | 202 | 40  | Independent claims in excess of 3 |     | 104              | 270 | 204 | 135 | Multiple dependent claim, if not paid |     | 109                                    | 80 | 209 | 40  | ** Reissue ind. claims over original patent |     | 110                      | 18 | 210 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b>                      |  |     |     |     | \$0 | <p style="margin: 0;"><b>SUBMITTED BY</b></p> <p>Pillsbury Winthrop LLP<br/>50 Fremont Street, 5<sup>th</sup> Floor<br/>San Francisco, CA 94105-2230<br/>Telephone: (415) 983-1000<br/>Facsimile: (415) 983-1200<br/>Customer No. 27271</p> <p>Date: <u>1-16-02</u></p> <p>By: <u>Mark C. Pickering</u><br/>Mark C. Pickering, Reg. No. 36,239</p> |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| LARGE ENTITY   |              | SMALL ENTITY   |          | Fee Description   | Fee Paid     |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 101  | 710          | 201            | 355      | Utility   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 106  | 320          | 206            | 160      | Design  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 107  | 490          | 207            | 245      | Plant   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 108  | 710          | 208            | 355      | Reissue   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 114  | 150          | 214            | 75       | Provisional   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| <b>SUBTOTAL (1)</b>  |              |                |          |   | 0            |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Total Claims   | Extra Claims | Fee from below | Fee Paid |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 15 - 20 **   | = 0          | x 18           | = \$ 0   |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Independent 1 - 3  | = 0          | x 80           | = \$ 0   |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Multiple Dep.  |              | *              | = \$ *   |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Large Entity   |              | Small Entity   |          | Fee Description   | Fee Paid     |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 103  | 18           | 203            | 9        | Claim in excess of 20   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 102  | 80           | 202            | 40       | Independent claims in excess of 3   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 104  | 270          | 204            | 135      | Multiple dependent claim, if not paid   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 109  | 80           | 209            | 40       | ** Reissue ind. claims over original patent   |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| 110  | 18           | 210            | 9        | ** Reissue claims in excess of 20 and over original patent  |              |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |
| <b>SUBTOTAL (2)</b>  |              |                |          |   | \$0          |              |  |                 |          |              |          |                 |          |          |          |          |          |         |     |     |     |                                     |     |        |    |     |     |   |     |       |     |     |     |                           |     |         |      |     |      |                                     |    |             |      |                     |      |                                       |  |     |       |              |              |   |          |            |     |      |        |  |     |      |        |               |     |  |        |              |     |              |     |  |          |          |          |          |          |  |    |     |      |                       |     |  |    |     |     |                                   |     |                  |     |     |     |                                       |     |  |    |     |     |   |     |                          |    |     |      |  |      |  |  |     |     |     |     |  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |    |                                       |  |     |     |     |     |                             |  |     |    |     |    |   |  |     |     |     |     |                                      |  |     |     |     |     |  |  |     |     |     |     |                                   |  |     |     |     |     |   |     |                                   |  |  |  |  |              |       |



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**REQUEST AND CERTIFICATION  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor Ronald Pasqualini

Title ESD Protection Circuit Utilizing Floating Lateral Clamp Diodes

Atty Docket Number 072219-0274869 (P03921-C2)

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

1-16-02  
Date

Mark C. Pickering  
Signature

Mark C. Pickering  
Reg. No. 36,239

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.